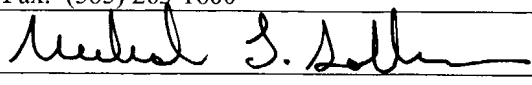
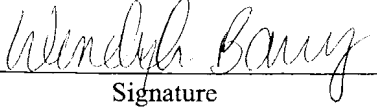


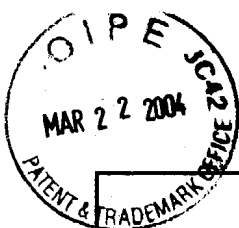


TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/879,248
		Filing Date	June 12, 2001
		First Named Inventor	Fan et al.
		Group Art Unit	1653
		Examiner Name	A. Desai
Total Number of Pages in This Submission	3	Attorney Docket Number	21829/81 (EBC-006)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.	

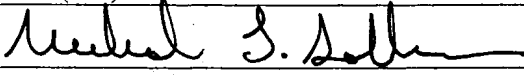
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael L. Goldman Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1304 Fax: (585) 263-1600
Signature	 Registration No. 30,727
Date	March 18, 2004


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March 19, 2004 Date	 Signature Wendy L. Barry Typed or printed name



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FREE TRANSMITTAL FOR FY 2004

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

AMOUNT OF PAYMENT

(\$1,280

Complete if Known

Application Number	09/879,248
Filing Date	June 12, 2001
First Named Inventor	Fan et al.
Examiner Name	A. Desai
Art Unit	1653
Attorney Docket No.	21829/81 (EBC-006)

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit
Account
Number

14-1138

Deposit
Account
Name

Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$ 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
-20** =	X		0
Independent Claims -3** =	X		0
Multiple Dependent	X		0

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130	Non-English specification
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within first month
1252	420	2252	210	Extension for reply within second month
1253	950	2253	475	Extension for reply within third month
1254	1,480	2254	740	Extension for reply within fourth month
1255	2,010	2255	1,005	Extension for reply within fifth month
1401	330	2401	165	Notice of Appeal
1402	330	2402	165	Filing a brief in support of an appeal
1403	290	2403	145	Request for oral hearing
1451	1,510	1451	1,510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive - unavoidable
1453	1,330	2453	665	Petition to revive - unintentional
1501	1,330	2501	665	Utility issue fee (or reissue)
1502	480	2502	240	Design issue fee
1503	640	2503	320	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))
1801	770	2801	385	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$1,280

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Date

Signature

Wendy L. Barry

Typed or printed name

SUBMITTED BY

Name (Print/Type)

Michael L. Goldman

Registration No.
(Attorney/Agent)

30,727

Complete (if applicable)

Telephone

(585) 263-1304

Signature

Michael L. Goldman

Date

March 19, 2004

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FEE TRANSMITTAL

FOR FY 2004 MAR 22 2004

Patent fees are subject to annual revision.

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Complete if Known

Application Number 09/879,248
Filing Date June 12, 2001
First Named Inventor Fan et al.
Examiner Name A. Desai
Art Unit 1653
Attorney Docket No. 21829/81 (EBC-006)

TOTAL AMOUNT OF PAYMENT

(\$1,280)

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number 14-1138

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March 19, 2004
Date

Signature
Wendy L. Barry
Typed or printed name

SUBMITTED BY

Name (Print/Type)

Michael L. Goldman

Signature

Registration No.
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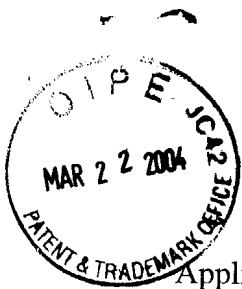
Complete (if applicable)

Telephone

(585) 263-1304

Date

March 19, 2004



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Fan et al.

Serial No. : 09/879,248

Cnfrm. No. : 4829

Filed : June 12, 2001

For : HYPERSENSITIVE RESPONSE ELICITING
DOMAINS AND USE THEREOF

Examiner:
A. Desai

Art Unit:
1653

**NOTICE OF APPEAL
AND
REQUEST FOR THREE-MONTH EXTENSION OF TIME**

Mail Stop: AF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicants hereby appeal to the Board of Patent Appeals and Interferences from the Primary Examiner's decision dated September 23, 2003, finally rejecting claims 1, 93, and 94.

Applicants hereby request an extension of time of three months from the due date of December 23, 2003.

Enclosed is a check in the amount of \$1,280, which covers the \$330 cost of the appeal fee and the \$950 cost of the extension of time. Please charge any additional fees which may be required or credit any overpayment to Deposit Account No. 14-1138. A duplicate copy of this form is attached.

03/23/2004 AWONDAF1 00000091 09879248

01 FC:1401
02 FC:1253

330.00 OP
950.00 OP

Respectfully submitted,

Dated: March 19, 2004

Michael L. Goldman
Registration No. 30,727

NIXON PEABODY LLP
Clinton Square, P. O. Box 31051
Rochester, New York 14603-1051
Telephone: (585) 263-1304
Facsimile: (585) 263-1600

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Date 3/19/04	Wendy L. Barry



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